

MIDTOWN MANOR
125 SOUTH 900 WEST
SALT LAKE CITY UT 84104
STATE'S REGION CODE: 001

PROVIDER #: 465124 FACILITY BEDS
PHONE NUMBER: (801) 363-6340 TOTAL: 82
PARTICIPATION DATE: 10/17/1990 CERTIFIED: 82 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/20/2003

TOTAL: 74
MEDICARE: 1
MEDICAID: 62
OTHER: 11

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 82

18 18/19 19 ICF/MR
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4 78

CURRENT SURVEY REVISIT DATES - 10/01/2003

PRIOR 3 SURVEY 08/2000	S/S CODE	PRIOR 2 SURVEY 11/2001	S/S CODE	PRIOR 1 SURVEY 10/2002	S/S CODE	CURRENT SURVEY 08/20/2003	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	B	X C	D	09/28/2003	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	D				REQ F0241-DIGNITY
						X C	D	09/28/2003	REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
		X	E			X C	E	09/28/2003	REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
						X C	B	09/12/2003	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X C	B	09/12/2003	REQ F0272-COMPREHENSIVE ASSESSMENTS
				X	E	X C	D	09/05/2003	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
						X C	D	09/28/2003	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
						X C	D	09/28/2003	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	E	X C	D	09/28/2003	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABL
				X	E				REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
				X	E				REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
X	E	X	E			X C	D	09/10/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	D	09/28/2003	REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
X	E	X	E						REQ F0463-RESIDENT CALL SYSTEM
									REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST
PRIOR 3 PRIOR 2 PRIOR 1 CURRENT
SURVEY SURVEY SURVEY SURVEY
06/2000 11/2001 10/2002 08/20/2003
X X
X
X

PLAN/DATE
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
K0021-DOORS IN FIRE AND SMOKE PARTITIONS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

MIDTOWN MANOR

PROVIDER #: 465124

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
06/2000	11/2001	10/2002	08/20/2003	

			X C	08/22/2003
	X		X C	09/02/2003
X				
X	X			
			X C	08/21/2003
	X			
	X			
X	X	X	X N	
	X			
X				
X	X	X	X C	09/26/2003

LSC DEFICIENCIES - BLDG NO. 01

K0025-SMOKE PARTITION CONSTRUCTION
K0038-EXIT ACCESS
K0046-EMERGENCY LIGHTING
K0050-FIRE DRILLS
K0051-FIRE ALARM SYSTEM
K0052-TESTING OF FIRE ALARM
K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0062-SPRINKLER SYSTEM MAINTENANCE
K0066-SMOKING REGULATIONS
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
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TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	10	5	4	2
HEALTH TOTAL	10	5	4	2
LIFE SAFETY CODE	5	4	9	5
LIFE SAFETY CODE + HEALTH	15	9	13	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
04/28/2003	UNSUBSTANTIATED
04/30/2003	UNSUBSTANTIATED
10/15/2003	UNSUBSTANTIATED
12/30/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY